PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifica	tions.						
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	ock 1 for any change of address)	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
1444		Contificate of Moiling on Transmission					
BROWDY AN	I her	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United					
624 NINTH STE SUITE 300	State addr trans	States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
	N, DC 20001-5303				`		(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	(ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/524,787	10/524,787 09/23/2005		Lea Eisenbach	EISENBACH4A			8693
TITLE OF INVENTION	: TUMOR ASSOCIATI	ED ANTIGEN, PEPTIDE	S THEREOF, AND USE C	OF SAME AS ANT	I-TUM	OR VACCINES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$ 0		\$1055	01/28/2011
EXAMINER ART UNIT			CLASS-SUBCLASS				
BRISTOL, L		530-350000					
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list 1. BROWDY AND NEIMAR							AND METMARK, PLLC
CFR 1.363).	andones address (or Ch	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/S	oondence address (or Ch B/122) attached.	(2) the name of a single firm (having as a member a					
"Fee Address" ind	lication (or "Fee Addres	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.		hed. Use of a Customer	listed, no name will be	printed.	no nam	3	
			THE PATENT (print or type				
PLEASE NOTE: Un recordation as set fort	less an assignee is iden th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	data will appear on the p Ta substitute for filing an	atent. If an assign assignment.	ee is ide	entified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
YEDA RESEARCH AND DEVELOPMENT CO. LTD. REHOVOT, ISRAEL							
Please check the appropr	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🔽 Co	orporatio	on or other private gro	up entity Government
Ha. The following fee(s) are submitted: 4b. Payment of Fee(s) I Issue Fee				: (Please first reapply any previously paid issue fee shown above)			
Publication Fee (I	- /	Payment by credit card. Form PTO-2038 is attached.					
	# of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-4035 (enclose an extra copy of this form).					
			overpayment, to Depo	osit Account Number	er 07	-4035 (enclose a	extra copy of this form).
_ ~ '	ntus (from status indicat as SMALL ENTI/TY sta	•	☐ b. Applicant is no lon	ger claiming SMA	LL ENT	TTY status. See 37 CF	FR 1.27(g)(2).
NOTE: The Issue Fee ar	nd Publication Fee (if re- records of the United S	quired) will not be accepto ates Patent and Trademan	ed from anyone other than a k Office.	the applicant; a regi	istered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature			Date	æn	us 2	26, 2011	
Typed or printed name ALLEN C. YUN				Registration I	No	37,971	<i>(</i>
This collection of inform	nation is required by 37	CFR 1.311. The informati	ion is required to obtain or	retain a benefit by t	the publi	ic which is to file (and	by the USPTO to process)
ubmitting the complete	ed application form to the	ne USPTO. Time will var	y depending upon the indi	vidual case. Any co	mment	on the amount of tir	g gathering, preparing, and me you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.